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*Surgeon J. N. Quimby*  
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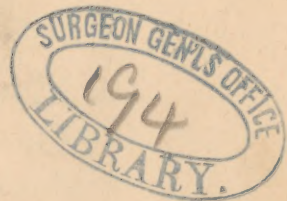
# CRIMINAL USE OF CHLOROFORM,

— BY —



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ON THE  
CRIMINAL USE OF CHLOROFORM.

BY

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My attention has recently been directed to certain facts connected with the use and abuse of Chloroform, and from these facts I have derived inferences which I have thought might be interesting and instructive to the Profession.

In consequence of the recent murder of policeman Smith in Jersey City, while he and his wife were supposed to be asleep in bed, his wife was arrested as a *particeps criminis*. She denied the charge, and asserted that she had been chloroformed, during sleep, and therefore was innocent of the crime.

The State denied this, and contended that it was *impossible* for her to have been chloroformed in that way; that the fumes of the chloroform would have certainly awakened her from

her *natural sleep*, and *therefore she must have known who the murderer or murderers were.*

Here, then, as will be seen, arose a very *nice* and *important* medico-legal question, viz.: whether a person could be chloroformed whilst in natural slumber without first being awakened, or, in other words, whether the application of chloroform, properly given, would awaken the person to whom it was applied; or, could such person pass from the natural to an artificial sleep (or chloroform sleep) without being aroused by its application?

Mrs. Smith asserted most positively that she was chloroformed while she was asleep in bed with her husband, and knew nothing about the murder until she awoke in a bewildered condition, feeling the cold elbow of her husband pressing against her side. It may be stated here that there was found in the room of the murdered man a bottle partly filled with chloroform, and a folded towel with bloody finger prints, which Mrs. Smith asserted was upon her face when she awoke. She also described quite accurately the taste, smell and pungency of chloroform.

Without going into further details, the counsel for Mrs. Smith applied to me to know if it were possible to transfer a person from a natural to an artificial sleep by the use of chloroform without first arousing the sleeper from his natural slumber? I replied that I had never attempted the application of chloroform to a person while in a natural sleep, and the books, as far as I knew, were silent on that point; although



I thought there would be no difficulty, if proper care were taken in administering the chloroform, in transferring a person from the natural to an artificial sleep.

I was strongly urged on the part of Mrs. Smith's counsel, and in behalf of humanity and justice, to settle by experiment this disputed question. To accomplish this result I made the following experiments: I made arrangements with Mr. A. to enter his room in an hour or two after he had retired, and when he was asleep apply the chloroform, which I did with entire success, transferring him from the natural to the chloroform sleep without arousing him from his natural slumber. I used about three drachms of Squibb's chloroform and occupied about seven minutes in putting him to sleep. The second case was a boy, æt. 13, who was suffering from an ingrowing toenail. He refused to allow me to touch him with knife or forceps without etherizing him, and when I attempted to apply the ether he screamed and struggled so desperately that his mother became frightened and asked me to desist from giving him ether. In this dilemma I advised the mother to take the boy home and put him to bed with a light supper, and I would call at the house between 9 and 10 o'clock that evening, and give him a little chloroform and remove the nail without the boy knowing anything about it.

I called at the time agreed upon with my friend Dr. Cahill, and found the boy quietly sleeping. I applied the chloroform, divided the nail in the centre, and removed the two segments by the application of forceps, without awakening the patient or

his having any knowledge of the operation until next morning when he awoke, and, discovering the condition of his foot, remarked, that had he known "it would not hurt any more than that he would have had it taken out at the office, and was ashamed that he had made such a fuss about it."

Case No. 3 was a boy, æt. 10, who was brought to my office suffering from a swelling over the lower jaw, which proved to be an abscess due to decayed teeth, but the boy would not let me come near him with either lancet or forceps, so, as in previous case, I advised his mother to take him home and send him to bed with a light supper, and that I would call at the house after he got asleep, administer chloroform, open the abscess, extract the teeth, and he would know nothing about it—all of which I did without arousing the boy.

I remained with the patient about one hour after the operation to attend to any hemorrhage that might occur, and to observe if any change would take place when he would pass from his artificial to his natural slumber again.

Finding there was no change in that time, I left, requesting the parents to watch him, and let me know exactly at what hour he awoke.

When I called next morning they reported that he awoke at 6 o'clock, exclaiming, "I must have swallowed my teeth, for they are both gone!"

Two important inferences may be drawn from the above reported cases, viz.:—

FIRST.—That minor surgical operations, such as opening abscesses, removing ingrowing toe-nails, etc., may be done with

perfect safety, and much more pleasantly than in the ordinary way.

SECONDLY.—A person somewhat skilled in the use of chloroform may enter the sleeping apartment of a person or persons and administer the drug with evil intentions.

Hence the use of chloroform in the hands of the criminal may become an effective instrument in the accomplishment of his nefarious designs.

[Extracted from the Transactions of the American Medical Association.]



